

# APPLICATION FOR RECORDS RETENTION SCHEDULE

GEORGIA DEPARTMENT OF HUMAN RESOURCES  
OFFICE OF ADMINISTRATIVE SERVICES  
RECORDS MANAGEMENT UNIT

For instructions on completing this form contact DHR Records Management Unit, 47 Trinity Avenue, Atlanta, Georgia 30334. Phone - (404) 656-4976 GIST: 221-4983

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|--|--|--|--|---|--|
| <b>DHR</b><br>Application Date<br>May 16, 1983<br>Application Number<br>DHR 83-11  |  | <b>1. GEORGIA DEPARTMENT OF HUMAN RESOURCES</b><br>Office of the Commissioner<br>Office of Audits - Control Unit - GMHI<br>1256 Briarcliff Road, N.E./Room 312-S<br>Atlanta, Georgia 30306 |  | <b>ARCHIVES AND HISTORY</b><br>Application Number<br>83-830<br>Date Received<br>MAY 17 1983<br>Date Completed<br>JUN 7 1983 |  |
| <b>2. Person to Contact</b><br>Ann B. Johnson  |  | <b>Working Title</b><br>Director, Control Section  |  | <b>Telephone Number</b><br>894-3904   |  |
| <b>3. Action Requested</b><br>a. <input checked="" type="checkbox"/> Establish Retention Schedule; record will continue to accumulate.<br>b. <input type="checkbox"/> Dispose of present accumulation; no further accumulation anticipated.<br>c. <input type="checkbox"/> Amend Application No. _____ Check One: <input type="checkbox"/> Change; <input type="checkbox"/> Supersede; <input type="checkbox"/> Void   |  |  |  |   |  |
| <b>4. Dates of Series</b><br>Earliest<br>1980<br>Latest<br>continuing  |  | <b>5. Records Series Title (followed by title used in office, if different)</b><br>Audits Performed by Internal Staff Files  |  |   |  |
| <b>6. Division and Office Function</b><br>What is the function of the Division and the Office in which this record series is created?<br><p>The Office of Audits has the responsibility to determine whether all funds due the Department are properly accounted for and are expended according to the requirements of the law and policies, procedures, and regulations applicable thereto. Also, to help Management improve the efficiency, economy, and effectiveness of operations by identifying where improvements are needed.</p>   |  |  |  |   |  |
| <b>7. Records Series Description</b><br>This file contains the following documents (include form numbers and titles, if any): Attach samples of the file.<br><p>Documents relating to: auditing, by Office of Audits staff, to determine accuracy of funds collected and expended for respective DHR programs in Georgia counties State-wide.</p> <p>Included are: Preliminary Reports showing authorization for audit, reason for audit, and responsibility of county officials in carrying out the requirements of the examination of accounts; Audit Reports which includes Statement of Financial Position, the Related Comparative Statement of Revenues and Expenditures to the Budget, and Analysis of Fund Balances for each twelvemonth period; Notes to Financial Statements with a Summary of Significant Accounting Principles; and related correspondence.</p> <p>File is arranged: numerically by control number assigned by Office of Audits.</p> |  |  |  |   |  |
| <b>8. Monthly Reference Rate</b><br>One to six months old <u>daily</u> ; Seven to twelve months old <u>daily</u> ; Thirteen to twenty-four months old <u>weekly</u> ; twenty-five months and older <u>monthly</u> ?<br>How often are records referred to which are:  |  |  |  |   |  |
| <b>9. Annual Rate of Accumulation or Records</b><br>Letter-size drawers <u>2 1/2</u> ; Legal-size drawers _____ ; Shelves _____ ; Other (Specify) _____  |  |  |  |   |  |

| YES | NO | 10. Questionnaire (Place an "X" in the proper column)  |
|-----|----|--|
| X   |    | a. Is this the official copy of the series?<br>If not, where is it?  |
|     | X  | b. Does the series contain confidential information requiring security handling? If yes, cite law or regulation.                                     |
|     | X  | c. Is this a vital record?   |
| X   |    | d. Does this series have historical or long term research value?   |
|     | X  | e. When one or two documents in the file make it necessary to keep the entire file for a long period, could these documents be scheduled separately? |
|     | X  | f. Is the information contained in this series ever published? If yes, attach copy.  |
|     | X  | g. Is the information contained in this series ever analyzed and/or recorded in a summarized report?<br>If yes, attach copy.                         |
|     | X  | h. Is there a duplication of this series in your office, or in another office or agency?<br>If yes, where?   |
|     | X  | i. Is this series (or a major portion of it) regularly microfilmed?  |
|     | X  | j. Does the record series result in a computer printout?   |

#### 11. Retention Requirements

The following requires the series to be kept:

- |                          |              |                                   |                |
|--------------------------|--------------|-----------------------------------|----------------|
| a. State Law             | _____ years. | d. Audit period                   | _____ years.   |
| b. Statute of limitation | _____ years. | e. Administrative need            | 5 _____ years. |
| c. Federal law           | _____ years. | f. Federal retention instructions | _____ years.   |

Attach copy or excerpt of laws or regulations. Explain administrative need.

New "Single Audit" concept may require series to be kept for federal audit purposes -- retention period would vary from program to program; however, 5 years should suffice.

#### 12. Approved Disposition Instructions

This agency recommends that the file series be cut off at the end of each:

☐ Calendar Year; ☒ Fiscal Year; ☐ Other \_\_\_\_\_ then, <sup>mb</sup> 5-18-83

- ☒ Hold in the current files area \_\_\_\_\_ month(s) 3 \_\_\_\_\_ year(s); then
- ☐ Transfer to local holding area; hold \_\_\_\_\_ year(s); then
- ☒ Transfer to State Records Center; hold 2 \_\_\_\_\_ year(s); then
- ☒ Destroy
- ☐ Transfer to State Archives for permanent retention.
- ☐ Other (Specify)

These instructions apply to all prior and future accumulations of the series.

| Agency Head/Designee (Signature)   | Date                        | Records Management Officer (Signature)                              | Date   |
|--|-----------------------------|---|--------|
| <i>George C. Pappas</i>  | 5/10/83                     | <i>Elizabeth W. Crank</i>   | 5/9/83 |
|  |                             | Elizabeth W. Crank CRM - RMA<br>State Records Committee (Signature) | Date   |
| Recommendations in paragraph 12 are approved.<br>(If disapproved, attach letter of explanation.) | State Auditor/Designee      | <i>Edward Weldon</i>  | 6-4-83 |
|  | Secretary of State/Designee | <i>Edward Weldon</i>  | 6/2/83 |
|  | Attorney General/Designee   | <i>George Pappas</i>  | 6-2-83 |